SYNAPSE
MEDICAL GROUP

EDWIN HARONIAN, MD
Orthopedic and Spine Surgeon

ALEX GHASEM, MD
Orthopedic and Spine Surgeon

LEVI HARRISON, MD
Hand Surgery

ALEN MASSIHI, DPM
Podiatrist

WALTER H. BURNHAM, MD
Spine Surgery

JONATHAN F. KOHAN, MD
Anesthesiologist Pain Management

ARASH YAGHOOBIAN, MD
Orthopedic and Spine Surgeon

BERKAY UNAL, MD
Orthopedic Surgery & Joint Replacement

HEATH HINZE, PSY. D
Clinical Psychologist

JONATHAN BERKOWITZ, MD
Sports Orthopedic Surgeon

SHERRY LEONI, DC
Chiropractor

JONATHAN NASSOS, MD
Orthopedic Surgeon & Sports Medicine

RONALD E. GLOUSMAN, MD
Sports Medicine & Arthroscopic Surgery

NICOLE RECORD, DO
Spine Surgery

Tel: 818-788-2400 Ext. 103 Direct Line: 818-616-1623 Direct Fax: 818-788-2333 - Email: NewPatient@synapsedoctor.com

Scheduling Department/Locations: ☐ Sherman Oaks ☐ Ponama ☐ Los Angeles

☐ WC 2nd Treat ☐ WC PTP ☐ QME ☐ AME ☐ IME ☐ CONSULT ☐ PRIVATE

Post Termination Claim? ☐ Yes ☐ No We accept post termination claims only with explanation.

PATIENT'S NAME: _____

TELEPHONE NO: (_____) _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

REFERRING SOURCE/PROVIDER:

GROUPS NAME: _____ PRIMARY TREATING PHYSICIAN _____

ADDRESS: _____

TELEPHONE NO: (_____) _____ EMAIL: _____

INSURANCE: _____ DOI: _____

ADDRESS: _____ PRIMARY TREATING PHYSICIAN

TELEPHONE NO: (_____) _____ FAX NO: (_____) _____

CLAIM #: _____ WCAB#: _____

ADJUSTER NAME: _____ TELEPHONE NO: _____

BODY PARTS TO BE TREATED: _____

APPLICANT ATTORNEY: _____

ADDRESS: _____

TELEPHONE NO: (_____) _____ FAX NO: (_____) _____

ADJUSTER NAME: _____ TELEPHONE NO: _____

DEFENSE ATTORNEY: _____

ADDRESS: _____

TELEPHONE NO: _____ FAX NO: (_____) _____

CONTACT NAME: _____ EMAIL: _____

EMPLOYER: _____

ADDRESS: _____

TELEPHONE NO: (_____) _____ FAX NO: (_____) _____

This completed document along with all applicable medical records can be sent to NewPatient@synapsedoctor.com

No children allowed in the office no exception